U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
UG 2 2 2005 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
1. File Number U - 13743	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name JOHNNIE L TRIPLETT, JR.	Name PLUMBERS & PIPEFITTERS LOCAL 562	
	Labor Organization File Number 035-932	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2909 LEMP AVE	Street 12385 LARIMORE ROAD	
City ST. LOUIS	City ST. LOUIS	
State Missouri ZIP Code + 4 63118	State Missouri ZIP Code + 4 63138	
5. Position in labor organization. ORGANIZER		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City	For 1 State Classific Plant Land Afficiation in Management Communication	
State ZIP Code + 4	<u>, p</u>	
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed John Signed Ja	On 8-8-05 314-355-1000 Date Telephone Number	
· · · · · // "	Liate Lelebhone Number	

Name of Person Filing JOHNNIE TRIPLETT, JR.		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name MECHANICAL CONTRACTORS ASSOCIATION Trade Name, if any: MCA P.O. Box, Bldg., Room No., if any Street 4402 ST. VINCENT City ST. LOUIS State Missouri ZIP Code + 4 63119	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng,		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	CHRISTMAS DINNER			
Street	11.b. Approximate dollar valu	e of such dealing. \$40		
State ZIP Code + 4	12.a. Nature of interest held	d or income received.		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Cocle + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.0. Amount of payment.			

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441-1	1 / 1 / 2004 Through: 12 / 31 / 2004	
Name and address of person filing.	4. Name, file number, and address of labor organization.	
	Name PLUMBERS & PIPEFITTERS LOCAL 562	
Name JOHNNIE L TRIPLETT, JR.		
	Labor Organization File Number 035-932	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2909 LEMP AVE	Street 12385 LARIMORE ROAD	
City ST. LOUIS	City ST. LOUIS	
State Missouri ZIP Ccde + 4 63118	State Missouri ZIP Code + 4 63138	
5. Position in labor organization. ORGANIZER		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (exc∉pt as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
	,	
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
	[
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed John Signed Co	on <u>8-8-05</u> 314-355-1000	
7	Date Telephone Number	

Name of Person Filing JOHNNIE TRIPLETT, JR.	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Ccde + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	11.a. Nature of such dealing.		
City State ZIP Ccde + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name COMMERCE BANK Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 8000 FORSYTH City ST. LOUIS State Missouri ZIP Code + 4 63105	BASEBALL TICKETS		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$65		